

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

ADDRESS (number and street) ▼

145 KIMEL PARK DRIVE SUITE 120

☐ Check if different than previously reported. (ACC)

WINSTON-SALEM

NC

27103

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00435651

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Theodore C. Fyock

Signature of Treasurer

Mr. Theodore C. Fyock

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		48204.34
(b) Cash on Hand at Beginning of Reporting Period.....	42304.34	
(c) Total Receipts (from Line 19)	11900.00	35500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54204.34	83704.34
7. Total Disbursements (from Line 31)	32500.00	62000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21704.34	21704.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11900.00	35500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	11900.00	35500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	11900.00	35500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	11900.00	35500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	11900.00	35500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	500.00	500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	500.00	500.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	32000.00	61500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32500.00	62000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32500.00	62000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11900.00	35500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11900.00	35500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	500.00	500.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	500.00	500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Terrence Almengual

Mailing Address 4248 Saddlewood Forest Drive

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Vincent Castellano III

Mailing Address 5452 Brookberry Farm Road

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. Simon Chao

Mailing Address 1111 Downing Creek Court

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologists

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4757

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. David Colonna

Mailing Address 387 Cedar Trails

City State Zip Code
Winston-Salem NC 27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4758

Amount of Each Receipt this Period

500.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Kumar Dongre

Mailing Address 20425 Staghorn Court

City State Zip Code
Cornelius NC 28031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4759

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. Paolo Flezzani

Mailing Address 3270 Beroth Road

City State Zip Code
Pfaftown NC 27040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4760

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas Gendrachi Jr.

Mailing Address 3748 Burbank Lane

City State Zip Code
Winston-Salem NC 27106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4761

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Greg Hardie

Mailing Address 1619 Appian Way

City State Zip Code
Clemmons NC 27012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. George Hertz

Mailing Address 4232 Lake Cliffe Drive

City State Zip Code
Clemmons NC 27012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4763

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Curtis Johnsrude

Mailing Address 4416 Bent Tree Farm Road

City State Zip Code
Winston-Salem NC 27106

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2012

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Daniel Kennedy

Mailing Address 4255 Foxbury Court

City State Zip Code
Winston-Salem NC 27104

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2012

Transaction ID : SA11AI.4765

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. Frederick Alan Koontz

Mailing Address 4246 Allistair Road

City State Zip Code
Winston-Salem NC 27104

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2012

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Joseph McConville

Mailing Address 3120 Millhaven Lake Drive

City State Zip Code
 Winston-Salem NC 27106

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2012

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Middleton

Mailing Address 1901 Buena Vista Road

City State Zip Code
 Winston-Salem NC 27104

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2012

Transaction ID : SA11AI.4768

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. Suresh Penkar

Mailing Address 4206 Garden Spring Road

City State Zip Code
 Clemmons NC 27012

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2012

Transaction ID : SA11AI.4769

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charles Derek Reid

Mailing Address 2145 Cherrywood Drive

City State Zip Code
 Clemmons NC 27012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Michael Scannell

Mailing Address 2185 Knight Road

City State Zip Code
 Kernersville NC 27284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.4771

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. Benzion Schkolne

Mailing Address 300 Beechcliff Court

City State Zip Code
 Winston-Salem NC 27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ronald Waterer

Mailing Address 689 Lichfield Drive

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.4773

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Daniel Winters

Mailing Address 4180 Dimholt Court

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

11900.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. SHARRARD, MCGEE & CO., P.A.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	7		0	9		2012					

Mailing Address P.O. BOX 5869

City	State	Zip Code
HIGH POINT	NC	27262

Transaction ID : SB21B.4714Purpose of Disbursement
FORM 990 PREPARATION

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶

500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. BRUNSTETTER FOR NC SENATE

Mailing Address 2521 BITTING ROAD

City	State	Zip Code
WINSTON-SALEM	NC	27104

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 31

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SB29.4752

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. BRYAN HOLLOWAY FOR NC HOUSE

Mailing Address 1165 Sterling Pointe Drive

City	State	Zip Code
King	NC	27021

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 91

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SB29.4728

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS TO ELECT BERT JONES

Mailing Address 299 FAIRFIELD ROAD

City	State	Zip Code
REIDSVILLE	NC	27320-8293

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SB29.4750

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. CITIZENS TO ELECT RENA TURNER

Mailing Address PO BOX 1663

City	State	Zip Code
STATESVILLE	NC	28687

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC

District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SB29.4740

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. CONRAD COMMITTEE FOR NC HOUSE

Mailing Address 4004 PEMBERTON COURT

City	State	Zip Code
WINSTON-SALEM	NC	27106

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC

District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SB29.4738

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVID LEWIS FOR NC HOUSE

Mailing Address PO BOX 1826

City	State	Zip Code
DUNN	NC	28335

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC

District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SB29.4746

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. ED HANES FOR NORHT CAROLINA COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Mailing Address 380-H KNOLLWOOD STREET
SUITE 191

City WINSTON-SALEM State NC Zip Code 27104

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Category/
Type**Transaction ID : SB29.4727**

Amount of Each Disbursement this Period

500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

B. ELMORE FOR NC HOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Mailing Address PO BOX 522

City NORTH WILKESBORO State NC Zip Code 28659

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Category/
Type**Transaction ID : SB29.4730**

Amount of Each Disbursement this Period

500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

C. EVELYN TERRY HOUSE DISTRICT 71

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Mailing Address 1224 REYNOLDS FOREST DRIVE

City WINSTON-SALEM State NC Zip Code 27107

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Category/
Type**Transaction ID : SB29.4735**

Amount of Each Disbursement this Period

500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. MOORE CITIZENS FOR BOLES

Mailing Address 425 W PENN AVENUE

City	State	Zip Code
SOUTHERN PINES	NC	28327

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC

District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SB29.4737

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NCMS MEDPACMailing Address P.O. BOX 25834
222 N. PERSON STREET

City	State	Zip Code
RALEIGH	NC	27611

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State:

District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SB29.4743

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. NEAL HUNT FOR NC SENATE

Mailing Address 2600 FAIRVIEW ROAD

City	State	Zip Code
RALEIGH	NC	27608

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC

District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

Transaction ID : SB29.4723

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. SARAH STEVENS FOR HOUSE

Mailing Address PO BOX 667

City	State	Zip Code
MOUNT AIRY	NC	27030

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC

District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2012

Transaction ID : SB29.4732

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STAM FOR HOUSE

Mailing Address P.O. BOX 1600

City	State	Zip Code
APEX	NC	27502

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC

District: 37

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2012

Transaction ID : SB29.4744

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. THE GOODWIN COMMITTEE

Mailing Address P.O. BOX 27841

City	State	Zip Code
RALEIGH	NC	27611

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State:

District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2012

Transaction ID : SB29.4718

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. THE GOODWIN COMMITTEE

Mailing Address P.O. BOX 27841

City	State	Zip Code
RALEIGH	NC	27611

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Transaction ID : SB29.4719

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. THE PAT MCCRORY COMMITTEE

Mailing Address 1235E EAST BLVD, #179

City	State	Zip Code
CHARLOTTE	NC	28210

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2012

Transaction ID : SB29.4716

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. THE PAT MCCRORY COMMITTEE

Mailing Address 1235E EAST BLVD, #179

City	State	Zip Code
CHARLOTTE	NC	28210

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2012

Transaction ID : SB29.4717

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. WESLEY MEREDITH FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2012

Mailing Address PO BOX 27398

City	State	Zip Code
FAYETTEVILLE	NC	28314

Transaction ID : SB29.4742Purpose of Disbursement
CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
32000.00